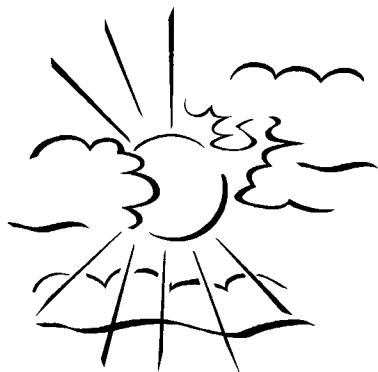


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\*Important story at this spot

# **Articles in Today's Clips**

## **Monday, November 7, 2005**

(Be sure to maximize your screen to read your clips)

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# **Plan would hurt children, poor**

## **U.S. move would take \$280 million from state Medicaid**

*November 7, 2005*

BY BILL THEOBALD and PAMELA BROGAN  
GANNETT NEWS SERVICE

WASHINGTON -- Thousands of low-income Michigan residents, including children, could be cut from Medicaid rolls if Congress approves plans to slash \$280 million a year from the program, state officials said.

A House cost-cutting proposal would eliminate a tax that Michigan collects on HMOs and other managed-care organizations to generate revenue for Medicaid services, said Eileen Kostanecki, deputy director of Democratic Gov. Jennifer Granholm's Washington office.

Michigan spends about \$7 billion a year on Medicaid, which provides health care for poor people. The state has 1.45 million people on its rolls, including 950,000 children, said T.J. Bucholz, spokesman for the Michigan Department of Community Health.

One possibility if the state loses the tax revenue would be to remove 360,000 children and 40,000 disabled people from the Medicaid program, Kostanecki said. "These are really huge hits," she said.

Rep. Mike Rogers, R-Brighton, said he fought for a provision that would delay elimination of the tax until 2010. But Rogers calls the tax, which only two other states use, a loophole that needs to be closed.

"This is a bad way to fund Medicaid," he said.

He said Medicaid has not faced serious reforms since its development in the 1960s. Rogers also said the House plan would simply slow Medicaid spending growth from 7.3% now to 7% in 2010.

Rep. Bart Stupak, D-Menominee, tried unsuccessfully to save the Michigan tax, Kostanecki said. The House bill, which could be voted on this week, also includes provisions that would allow states to charge 6 million low-income children larger co-payments and health care premiums for medical services and prescriptions.

Earlier this year, Michigan lawmakers approved small co-payments for Medicaid recipients: \$1 for outpatient hospital visits, \$2 for physician visits, \$3 for trips to the emergency room.

The House plan would allow states to increase the co-payments for medical services to \$5 beginning in 2008 for some families. There would be no limit on co-payments for medical services, prescription drugs or premiums for Medicaid recipients above the poverty level as long as the fees didn't exceed 5% of family income.

Rogers said the co-payments would encourage Medicaid recipients to make smarter health-care decisions, such as not using emergency rooms for routine medical care.

A Senate budget plan passed last week largely avoids cuts and cost increases that would affect Medicaid beneficiaries.

But Michigan Sens. Carl Levin and Debbie Stabenow, both Democrats, oppose the cuts that are part of the Senate plan -- as well as those in the House bill.

"The cuts under consideration by Congress will have disastrous effects on thousands of children and families in Michigan and all across America," Stabenow said in a statement.

Detroit Free Press

## **NEWS IN A MINUTE: Politics -- Stabenow, Levin oppose bill to cut entitlements**

*November 7, 2005*

Democratic Sens. Carl Levin of Detroit and Debbie Stabenow of Lansing have opposed a measure that would cut federal entitlement programs and allow exploratory drilling in Alaska. The Senate voted last week to trim \$36 billion, or 2%, from budget deficits forecast at \$1.6 trillion over five years.

The measure would make cuts to Medicare, Medicaid, farm subsidies and student loan subsidies for the first time since 1997.

The measure, which now moves to the House, allows exploratory oil drilling in an Alaskan wilderness area.

Levin noted that both houses of Congress were working on a proposal that would extend \$70 billion in tax cuts "benefiting largely the wealthiest Americans" and said the bills "continue an irresponsible and inequitable tax policy that recklessly adds to our deficit."

In the House, Reps. John Dingell, D-Dearborn, and Sander Levin, D-Royal Oak, were the only two members to oppose a bill approved in the House to withhold federal funds from state and local governments that seize private property for private development.

The measure responded to a 5-4 ruling by the Supreme Court last June that allowed eminent domain authority to be used to obtain land for tax revenue-generating commercial purposes.

The ruling in *Kelo v. City of New London* gave the Connecticut city the authority to exercise state eminent domain law to require several homeowners to cede their property for commercial use.

By the Associated Press

## **LOCAL COMMENT: New benefit offers significant relief to millions of seniors**

Detroit Free Press

*November 7, 2005*

BY JOHN ENGLER

The new Medicare prescription drug benefit that goes into effect Jan. 1 will provide substantial benefit to millions of seniors, and offers the prospect of some badly needed relief to manufacturing companies that provide health benefits to retirees.

Unfortunately, a lot of misinformation about this new program is circulating that threatens to discourage eligible people from participating. When the program was first enacted by Congress last year, critics complained that it offered too little help to be of much benefit. A few months later, many of those same critics were complaining that the program threatens to bust the federal budget.

There is a glaring contradiction between those two criticisms that never gets explained. Suffice it to say that much, if not most, of the criticism is politically motivated and should be taken with a very large grain of salt.

It is true that the new prescription drug coverage will not cover all costs of all drugs for all people eligible for Medicare. It is also true that the rules are complex. However, there are 10 million reasons to focus on the benefits, ignore the complaints and sign up for this new drug program. Some 10 million Americans today, despite Medicare, have no prescription drug coverage. Under the new law, those 10 million citizens will become eligible for substantial financial help.

People who are now partially covered by union or employer retirement plans can keep their coverage and the government will pick up some of the cost, providing some relief to employers struggling to contend with soaring health insurance costs. Every senior will have a choice between at least two plans, either through local pharmacies or by mail, with private companies actually providing the drug coverage. Both brand name and generics are covered.

The Centers for Medicare & Medicaid Services recently selected the stand-alone prescription drug plans that will offer the new benefit. Multiple plans have been approved for each of the Medicare-designated regions across the United States, and as of Oct. 1, began competing with each other for enrollees based on differing monthly premiums, deductibles, the medicines they cover, pharmacy networks and other features. In addition to the stand-alone plans, in most regions, people with Medicare will be able to select managed care plans that bundle drug coverage and other health care services.

Most Medicare beneficiaries will have a choice of Medicare prescription drug plans and the time to select a coverage based on what is most important to them -- cost, coverage or convenience.

The Centers for Medicare & Medicaid Services estimates that 42% of beneficiaries will have access to a prescription drug plan with a monthly premium of less than \$10, and 93% of beneficiaries will have access to a plan with a premium of less than \$15.

Nearly half of the plans will offer enhanced coverage beyond the standard benefit by offering low or no deductibles, lower co-payments, or little or no gap in coverage. For example, beneficiaries in every state will be offered at least one stand-alone plan with no deductible. Another promising feature of this new benefit is its emphasis on preventive care. Medicare has established a number of promising pilot programs on disease prevention and management for Medicare beneficiaries.

In addition, as of Jan. 1, 2005, all new Medicare beneficiaries have access to a "Welcome to Medicare Physical Examination." Medicare will help pay for the examination after the yearly Medicare Part B deductible. This coverage supplements the existing coverage of cardiovascular and diabetes screening and other preventive services. Medicare Advantage plans offer more generous coverage for physical examinations, preventive screenings and wellness services. This Medicare prescription drug program is not going to solve all of Medicare's challenges. But any effort to deal with a challenge of this magnitude must begin somewhere. And Congress will have ample opportunity to review progress and adjust as needed.

For now, this program offers badly needed assistance to millions of seniors who are being squeezed by costs of prescription drugs. Medicare has begun sending information about the new program to seniors and is working with local agencies to help people understand it. Retirees with employer coverage and Medicare-eligible workers should expect to hear from their employers. It is time to work together to make this program work.

*JOHN ENGLER is president of the National Association of Manufacturers (NAM), the largest industry trade group in America, representing small and large manufacturers in every industrial sector and in all 50 states. He was governor of Michigan from 1991-2003. Write to him in care of the Free Press Editorial Page, 600 W. Fort St., Detroit, MI 48226.*

# Another Choice for Elderly: Charity or Medicare?

By STEPHANIE SAUL  
The New York Times

Published: November 7, 2005

The pharmaceutical industry's version of a campaign bus, the "Help Is Here Express," has toured 25 states this year to spread the word about charity prescription programs sponsored by drug companies. But even as the bright orange bus travels from state to state enrolling patients in the programs, the assistance may be coming to a halt for thousands of elderly people.

One of them is Walter Bach of Glendale, Queens.

Mr. Bach, 65, who is blind, received worrisome news last month from Bristol-Myers Squibb. The free Plavix he gets from the company's charitable foundation will stop if he enrolls in the new Medicare prescription program that begins in January.

Mr. Bach says that his free Plavix, a \$125-a-month blood thinner that reduces the risk of heart attacks and strokes, is more valuable than the immediate benefits he would receive from signing up for the Medicare program, even taking into account the three inexpensive generic drugs he also takes.

The letter telling Mr. Bach that he must choose between Bristol-Myers's program and the new Medicare drug benefit speaks to an unintended effect that the new Medicare plan is having on the pharmaceutical industry's charity drug programs. Some companies are simply eliminating their charity programs for older people, taking the position that the recipients are now eligible for Medicare drug coverage.

But even in programs like Bristol's that will remain in place for the low-income elderly, the us-or-them ultimatum throws one more tricky variable into retirees' assessment of the Medicare plan. The drug companies, which distributed free drugs with a retail value of \$4.1 billion last year to an estimated three million to four million Americans, will continue their charity programs in some cases, focusing on other patients with financial needs who don't qualify for the Medicare prescription drug program.

But the companies also complain that the Medicare law means that a patient cannot get drug subsidies from them and also participate in the program.

Dr. Mark McClellan, administrator of the federal Centers for Medicare and Medicaid Services, said during an interview late last week that nothing prevented the industry programs from continuing, as long as the free or subsidized drugs the patients received were not counted toward their Medicare co-payments or deductibles.

Several drug companies have sent proposals to the Health and Human Services department, asking for guidance, and its Office of Inspector General is reviewing their legality.

The Medicare Rights Center, an organization that helps Medicare recipients understand the system (and where Mr. Bach works part-time), is monitoring the changes in the charity programs. Those programs are generally aimed at people whose incomes fall near the poverty level - but who make too much to qualify for Medicaid, the federal health care program for the poor.

"It's an important issue to see what the drug companies will do with these plans," said Robert M. Hayes, president of the center. "It's yet one more blow to the algorithm of informed decision-making."

The decision by Bristol-Myers is similar to the stance of Merck, which said it would be notifying the affected patients.

But Eli Lilly is notifying 235,000 older people that its charitable program for the elderly, Lilly Answers, will end next May. The program distributed \$140 million in subsidized medications last year, charging a \$12 co-payment. Edward G. Sagebiel, a spokesman for Lilly, said the company viewed that program simply as a bridge until Medicare drug benefits kicked in. Mr. Sagebiel said it was possible that some over-65 people could receive assistance through other Lilly programs.

Johnson & Johnson, meanwhile, is notifying doctors that their patients must first be turned down for extra help under provisions of the new Medicare plan before they can apply to Johnson & Johnson's program. The cutbacks in charity drug assistance for the elderly are coming only six months after the industry began a campaign to publicize the programs widely. Last April, the drug industry's trade group introduced the Partnership for Prescription Assistance as a centerpiece of the industry's efforts to improve its image.

In a news release last week, the trade group Pharmaceutical Research and Manufacturers of America said that an additional 5,000 people had been signing up each day as a result of the industry's new toll-free call center and a publicity campaign that includes the bus, an enrollment center on wheels.

Ken Johnson, a spokesman for the trade group, acknowledged that the new Medicare program could cause a decline in the programs' overall enrollment, possibly as much as 40 percent. But he said that the industry sign-up effort would continue.

"It's possible that there will be drop-off, but at the same time, we're going to be very aggressive in reaching out to the millions of other Americans who are below the age of 65," Mr. Johnson said. He said the industry was doubling its advertising budget and sending out a second bus, and had signed the television host Montel Williams as a spokesman beginning in January.

"There are millions of people in America who could qualify for one of these programs but are not receiving assistance," Mr. Johnson said. "We're on the road to try to find them, state by state, city by city."

The pharmaceutical industry complains that one reason the programs are being cut back for older people is that federal laws prohibit health care companies from giving something of value to Medicaid and Medicare participants. While the statutes are aimed at reducing opportunities for fraud rather than curbing charity to individuals, they do call into question any kind of financial relationship between drug providers and recipients. The solution, suggested by legal guidance from the federal department of Health and Human Services, might be a pooled charity fund set up by all drug companies. That may be hard to sell to the companies, though, who may fear that they will end up subsidizing a competitor's drug.

"A lot of companies want to help, but they've run into a legal roadblock," said Mr. Johnson, the spokesman for the drug industry trade group.

But Dr. McClellan of the Centers for Medicare and Medicaid Studies said that the companies "can continue their current programs, they can make contributions to private foundations that are planning to fill in gaps, or they can collaborate," said Dr. McClellan. "There are lots of options, none of which are precluded by the Medicare drug benefit."

Benefits under the Medicare drug plan depend on income. Among low-income people, a single person with a monthly income between \$1,076 and \$1,197 - defined as 135 to 150 percent of the poverty level - pays a sliding scale premium for coverage, a \$50 deductible and 15 percent coinsurance until drug expenses reach \$3,600 a year, according to figures from Dr. McClellan's office. At that point, the individual is eligible to receive generic drugs for a \$2 co-payment and brand-name drugs for a \$5 co-payment.

Some officials have expressed concern that the pharmaceutical companies might assist Medicare recipients until the \$3,600 level, locking them into an expensive brand-name drug that they would continue using after crossing the threshold. Ultimately, under that scenario, the charity programs could increase costs to the program.

Mr. Hayes of the Medicare Rights Center, who refers to the charity programs as "10 percent help and 90 percent hype," says the drug industry has a history of operating programs with red tape that limits the actual number of charity recipients.

"They placed hurdles that kept demand for these programs down," Mr. Hayes said. "Whether or not they were purposeful obstacles or not, we got very little receptivity to the easy measures we recommended to make them



easier. Patient-assistance programs may not be something the companies are promoting with 100 percent enthusiasm."

But Mr. Johnson said recent outreach efforts by the industry were aimed at streamlining the application process and reducing red tape. And he added that industry surveys revealed that customer satisfaction with the programs was increasing.

Mr. Bach said late last week that he had analyzed his situation and decided he would not sign up for the Medicare drug program for now. His reliance on industry assistance is simply too great.

"I have no alternative," Mr. Bach said. "I need it."

# QUESTIONS AND ANSWERS ON MEDICARE: When to enroll depends on coverage

Detroit Free Press

November 7, 2005

This is part of a continuing Free Press series answering readers questions about the new Medicare Prescription Drug program. The Free Press will publish answers to readers' questions Mondays through Fridays through Nov. 15, the first day to sign up for the program. Today's question is from Bill Nyman, 70, of Grand Blanc who is still working and covered by his employer for prescriptions.

QUESTION: Do I have to enroll now or can I wait until I need the coverage? If I wait, will I face a penalty?

ANSWER: If your coverage is as good as the coverage offered under a Medicare prescription drug plan (this is called creditable coverage) then you do not have to take Medicare's plan until your coverage ends through your employer.

Creditable coverage means that the plan that you are enrolled in is expected to pay, on average, at least as much as the Medicare standard prescription drug plan expects to pay.

In that case, you will be given a special 63-day enrollment period to select a plan without a penalty on your premium.

If your current employer coverage is not as good as Medicare's, then you may want to consider a Medicare plan during the initial enrollment period or face an increase on your premium of 1% for every month that you could have had the Medicare plan but chose not to select it. This penalty will remain for the rest of your life.

Your employer should send the information no later than Nov. 14. If you do not receive this notification by Nov. 14, call your employer's plan administrator and ask if the coverage is as good as Medicare's and ask for this in writing.

*The answer to today's question comes from experts on the new law at the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare and Medicaid; the Medicare Rx Education Network in Washington, D.C.; and the Michigan Medicare/Medicaid Assistance Program (MMAAP).*

*MMAAP volunteer counselors are available at 800-803-7174 and can provide information about events where experts answer questions.*

*To compare plans online, seniors or a helper can go to [www.medicare.gov](http://www.medicare.gov) or call 800-633-4227. Submit questions to [askaboutmedicare@freepress.com](mailto:askaboutmedicare@freepress.com) or call 313-222-1824. To see answers to questions already published, go to [www.freep.com/news/health](http://www.freep.com/news/health)*

*By Ruby L. Bailey*

# **COMMENT: Medicare drug plan: Repeal or join?**

## **Economic woes make a case for delaying flawed program**

*November 7, 2005*

BY MICHAEL F. CANNON

Rep. John Boehner, R-Ohio, recently summed up the federal government's financial situation: "Listen, we're broke. Let's face it."

That's an understatement.

Congress faces annual deficits of \$300 billion for the foreseeable future, requests of \$200 billion for hurricane relief, and an imminent explosion in entitlement spending. Acknowledging this reality, a growing number of legislators including U.S. Sen. John McCain, R-Ariz., are calling for the delay or cancellation of the Medicare prescription drug entitlement scheduled to take effect in January. It's easy to see why.

Come January, taxpayers will finance drug coverage for all 40 million seniors on Medicare, even though 75% of seniors already have coverage. The program, estimated to cost \$850 billion in the first 10 years, includes massive corporate welfare, invites harmful price controls on pharmaceuticals, and was enacted under an ethical cloud. It also imposes on taxpayers an unfunded liability larger than that of the entire Social Security program. If ever a government program were a candidate for repeal, the Medicare drug program is it.

Accordingly, when House conservatives issued a menu of proposed spending cuts last month, the cornerstone was a one-year delay of that program. This month, McCain called on colleagues to "at least delay" the program for two years, which would save \$84 billion.

McCain was joined by U.S. Reps. Jim Cooper, D-Tenn., and Jeff Flake, R-Ariz., who recommended dismantling this fiscal time-bomb and starting over. So far, two Republicans who voted for the program -- U.S. Reps. Jeb Hensarling, R-Texas, and Dave Weldon, R-Fla. -- have come out in support of delay. Those are significant defections from a law that passed the House with two votes to spare.

In private, many more Republicans are inclined to support delay or repeal. Yet few have come forward because of fierce opposition from the business community and the Bush administration. Employers rarely admit it, but they are petrified at the thought of losing some \$150 billion in corporate welfare included in the program. Instead, their lobbyists argue that employers are planning changes to retiree benefits that would be tough to reverse, and Medicare has already spent hundreds of millions of dollars to educate seniors. Yet seniors are supposed to enroll in this program in mid-November and most are still overwhelmed by the program's complexity.

Although delay would cause some disruption, the program itself will cause much more. Many seniors will lose the drug coverage they now enjoy, and continuous shifts in coverage could mean they lose coverage of the drugs they need. Moreover, rank-and-file Republicans may decide that repeal is necessary to save their party from its leaders in 2006. A president's party typically loses seats in Congress halfway through his second term.

For the GOP, a number of factors will compound that handicap. Party leaders are having difficulty recruiting top-tier candidates for 2006. The conservative base is upset with the president, but also with Congress for its record spending binge.

Already, GOP candidates are putting distance between themselves and President George W. Bush. Worse, the drug program could foment an anti-Republican backlash. Many seniors will

enter the voting booth angry over having lost their prior drug coverage. The Heritage Foundation estimates that by next November, 4 million seniors will be stuck in the program's infamous "doughnut hole" without any coverage.

GOP leaders say repeal is impossible. Political necessity may change their minds. It is also worth noting that repeal is a no-lose issue for perennial GOP insurgent John McCain.

Not only is repeal the right thing to do, it would strike a blow against the GOP establishment.

But even an unsuccessful push benefits McCain. The more he has advocated repeal, the more open the GOP leadership has become to restraining spending in other areas. That puts McCain back in the good graces of conservatives and raises his profile in future Medicare debates, of which there will be many.

And pressing for repeal hardly alienates McCain's admirers on the left, who were never enamored of this program to begin with. McCain played a similar role in 1989, when a Democratic Congress quickly repealed another "done deal" after seniors made it painfully clear that they didn't like the change in their Medicare coverage or the higher premiums.

Republicans could spare themselves a world of pain by taking their medicine right now.

*MICHAEL F. CANNON is director of health policy studies at the nonpartisan Cato Institute ([www.cato.org](http://www.cato.org)) and co-author of "Healthy Competition: What's Holding Back Health Care and How to Free It." Write to him at the Cato Institute, 1000 Massachusetts Ave. NW, Washington, DC 20001.*

# Drug plans worry nursing homes

Friday, November 04, 2005

By Kathleen Longcore and Sarah Kellogg  
The Grand Rapids Press

WASHINGTON -- Advocates for the elderly worry the nearly 100,000 Michigan seniors living in nursing homes and assisted-living centers may have problems picking a new Medicare prescription drug plan.

And officials at long-term care facilities with their own pharmacies worry about patient safety when pharmacists have to consult more than a dozen drug plans to see which medicine is covered for which patient.

"The people who designed this plan weren't thinking about long-term care.

It was designed for the 67-year-old living at home who lives across the street from a Walgreen's," said Dr. Iris Boettcher, medical director of Spectrum Health Continuing Care.

Boettcher said long-term residents who are on both Medicaid and Medicare are being automatically enrolled in one of more than a dozen plans, so they have no worries.

But those who are not Medicaid-eligible and are transferred from a hospital to a nursing home could find themselves struggling to get into a plan that has affordable premiums, co-payments and deductibles, but also covers the right medications in a long-term-care setting.

It will be a challenge for assisted-living residents to get the plan best for them because they are isolated from public service ads about Medicare Part D and from family and friends who could help them choose a plan.

"For nursing home or assisted living residents, they have some obvious barriers in making the decision," said Sarah Slocum, Michigan's long-term-care ombudsman. "They're less able to go out to community events and learn about their choices. Some of them have cognitive impairments that will make it harder to decide."

The new Medicare prescription drug plans are government-approved and offered by private companies, which have negotiated discounts on various drugs. There are 17 companies offering 40 different drug plans in Michigan.

Seniors at all income levels can select a Medicare prescription drug plan as early as Nov. 15, and they have until May 15 to make a final decision.

Retirees with comparable drug coverage through their former employers' insurance companies need not enroll in a plan. Benefits start Jan. 1.

The responsibility for helping nursing home residents through the process is falling to nursing home or assisted-living staff members, who are holding information meetings for patients and their families.

Kent Community Campus is also holding meetings for doctors and nurses because officials there are worried about how all this choice will affect patient safety after Jan. 1.

"Most nursing facilities have a single pharmacy," Boettcher said. "They could have to deal with 14 different drug plans with 14 different (approved drug lists)."

At Kent Community, most patients with heart problems are taking the same ACE inhibitor, Boettcher said, because choice isn't a top priority in long-term care. But when new drug plans go into effect, nurses may have to dole out more than a dozen different kinds of ACE inhibitors, multiplying the risk of error.

Boettcher wonders, how will the doctor and the nurse know which drug is covered by each patient's drug plan? What if the doctor prescribes a drug that's not covered?

Will the facility have to eat the cost if the patient's plan doesn't cover that drug?

"This is going to be Y2RX for nursing facilities. You hope to high heaven that on Dec. 31 you have drug plans in place," Boettcher said.

# **Rx for America: a national health plan**

## **Fewer workers each year receive health insurance from their employers**

By Ron Gettelfinger / Special to The Detroit News

November 4, 2005

In recent weeks, members and retirees of our union have confronted a new set of challenges in the field of health care.

The roots of this problem, however, are hardly new. As Walter Reuther said during an address to the American Public Health Association in 1968:

"We must first free ourselves of the illusion that we really have a health care system in America. What we have is a disorganized, disjointed, antiquated, obsolete non-system of health care. Consumers are being required to subsidize a non-system that fails to deal with their basic health care needs and the cost of that system is continuing to skyrocket."

Unfortunately, the problems have only become more serious in the intervening years. We now have nearly 46 million Americans -- including more than 8 million children -- with no health insurance at all.

Current system is wasteful

The U.S. has the best doctors, nurses and health care professionals anywhere in the world. But they are hindered by an ineffective, wasteful bureaucratic system. Our nation spends approximately \$1.7 trillion, or 15.4 percent of our gross domestic product, on health care. Four hundred billion of this sum is absorbed by the cost of paperwork and administration.

Additionally, prescription drugs cost more in the United States than in any other country. One reason for these high costs is that pharmaceutical companies spend more than any other industry on lobbying, with more than 1,200 lobbyists in Washington. These lobbyists are doing well for their employers, crafting laws and regulations to protect an industry which earns tens of billions in profits each year. But what are they accomplishing for the rest of us?

For all our health care spending, the United States ranks near the bottom among industrialized countries on life expectancy, infant mortality and virtually every other measure. In fact, the infant mortality rate in our nation's capital is more than double the infant mortality rate in Beijing.

America deserves better.

Fewer workers covered

Our health care is based on employment, but each year, fewer employers are providing company sponsored insurance. The figure is now down to 60 percent, a decline from 69 percent in 2000. Members of our union have learned through hard experience that relying on individual employers to provide health care is inefficient and a drag on our ability to compete in the global economy.

At General Motors, for example, we recently negotiated an agreement intended to preserve the company's ability to provide affordable health care for workers and

retirees for many years to come. During this process, we had to confront GM's staggering \$61 billion liability for the cost of present and future UAW retiree health care.

Foreign firms have advantage

Global auto companies like Toyota, Honda and Volkswagen have little or no liability for retiree health care because in industrialized nations outside the United States, health insurance is a government responsibility.

With universal health insurance, no employer gains an advantage by offering lower benefits or passing higher costs onto workers. Does it make any sense for the United States to continue on a policy course -- employer-based health care -- which delivers inferior care to our citizens and gives foreign manufacturers a cost advantage worth tens of billions of dollars over U.S. companies that employ U.S. workers?

To be sure, no government policy will help a company that can't make products consumers want to buy. But a modern, competitive national health insurance system would go a long way toward helping U.S. manufacturers make products at affordable prices. We need a uniquely American system, not one that tries to copy a solution from a different country. A workable American plan would be universal, covering every single man, woman and child in the United States. It would be comprehensive, offering a range of medical benefits for workers and families. And it would have only a single payer, creating the leverage needed to negotiate the cost of medical care and keep prices from rising every year.

We've heard time and again that national health insurance might be a good idea, but it's not politically possible in the United States at the present time. One thing is for sure: it's not possible to ignore our current health care crisis any longer.

American workers -- and American employers -- can't afford it.

*Labor voices Ron Gettelfinger is president of the United Auto Workers union.*



PAUL KRUGMAN

## *Pride, Prejudice, Insurance*

General Motors is reducing retirees' medical benefits. Delphi has declared bankruptcy, and will probably reduce workers' benefits as well as their wages. An internal Wal-Mart memo describes plans to cut health costs by hiring temporary workers, who aren't entitled to health insurance, and screening out employees likely to have high medical bills.

These aren't isolated anecdotes. Employment-based health insurance is the only serious source of coverage for Americans too young to receive Medicare and insufficiently destitute to receive Medicaid, but it's an institution in decline. Between 2000 and 2004 the number of Americans under 65 rose by 10 million. Yet the number of nonelderly Americans covered by employment-based insurance fell by 4.9 million.

The funny thing is that the solution — national health insurance, available to everyone — is obvious. But to see the obvious we'll have to overcome pride — the unwarranted belief that America has nothing to learn from other countries — and prejudice — the equally unwarranted belief, driven by ideology, that private insurance is more efficient than public insurance.

Let's start with the fact that America's health care system spends more, for worse results, than that of any other advanced country.

In 2002 the United States spent \$5,267 per person on health care. Canada spent \$2,931; Germany spent \$2,817; Britain spent only \$2,160. Yet the United States has lower life expectancy and higher infant mortality

than any of these countries.

But don't people in other countries sometimes find it hard to get medical treatment? Yes, sometimes — but so do Americans. No, Virginia, many Americans can't count on ready access to high-quality medical care.

The journal *Health Affairs* recently published the results of a survey of the medical experience of "sicker adults" in six countries, including Canada, Britain, Germany and the United States. The responses don't support claims about superior service from the U.S. system. It's true that Americans generally have shorter waits for elective surgery than Canadians or Britons, although German waits are even shorter. But Americans do worse by some important measures: we find it harder than citizens of other advanced countries to see a doctor when we need one, and our system is more, not less, rife with medical errors.

Above all, Americans are far more likely than others to forgo treatment because they can't afford it. Forty percent of the Americans surveyed failed to fill a prescription because of cost. A third were deterred by cost from seeing a doctor when sick or from getting recommended tests or follow-up.

Why does American medicine cost so much yet achieve so little? Unlike other advanced countries, we treat access to health care as a privilege rather than a right. And this attitude turns out to be inefficient as well as cruel.

The U.S. system is much more bureaucratic, with much higher administrative costs, than those of other countries, because private insurers and other players work hard at trying not to pay for medical care. And our fragmented system is unable to bargain with drug companies and other suppliers for lower prices.

Taiwan, which moved 10 years ago from a U.S.-style system to a Canadian-style single-payer system, offers an object lesson in the economic advantages of universal coverage. In 1995 less than 60 percent of Taiwan's residents had health insurance; by 2001 the number was 97 percent. Yet according to a careful study published in *Health Affairs* two years ago, this huge expansion in coverage came virtually free: it led to little if any increase in overall health care spending beyond normal growth due to rising population and incomes.

Before you dismiss Taiwan as a faraway place of which we know nothing, remember Chile-mania: just a few months ago, during the Bush administration's failed attempt to privatize Social Security, commentators across the country — independent thinkers all, I'm sure — joined in a chorus of ill-informed praise for Chile's private retirement accounts. (It turns out that Chile's system has a lot of problems.) Taiwan has more people and a much bigger economy than Chile, and its experience is a lot more relevant to America's real problems.

The economic and moral case for health care reform in America, reform that would make us less different from other advanced countries, is overwhelming. One of these days we'll realize that our semiprivatized system isn't just unfair, it's far less efficient than a straightforward system of guaranteed health insurance. □

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Teaching America  
about health  
care.

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# **How many stars does your child care rate?**

## **State may offer rating guide to help parents choose who should watch kids while they work.**

November 6, 2005

By Kim Kozlowski / The Detroit News

**CLINTON TOWNSHIP** -- DeVera White can easily find ratings on movies, hotels and restaurants.

But when she makes the decision next year of who will care for her three children while she's at work, she has no guides to tell her which child care centers stand out from the rest.

That may soon change for White and thousands of other Michigan parents under a state proposal to develop a rating system for Michigan's 18,000 child care centers and licensed home providers. With nearly a half-million Michigan children with both parents in the workplace, proponents say a rating guide would give moms and dads the tool they need to make choices and would create a market that would encourage child care centers to improve their service.

"You are putting your children in this person's care, so you want to make sure you are putting them in the best situation," said White, who lives in Clinton Township.

Michigan's proposal, drafted by an organization of early childhood educators and professionals to promote better child care, would initially be based on one to three stars.

It is expected to be rolled out in a pilot program in five to seven yet-to-be-named communities within the next year, following approval by the Early Childhood Investment Corp., which would also administer the system. The corporation is a public/private partnership created last year by Gov. Jennifer Granholm to focus on early childhood issues.

When the system might expand is unclear since state revenues are tight, officials say.

It would cost at least \$17 million over four years to pay for the 180 additional child care licensing consultants needed to implement a statewide system.

The state has 60 child care consultants to oversee the licensing process of the centers. These are the same consultants who would gather information on each of the centers for the rating system.

The system, culled from other state systems already in place, would feature two tracks: one for the state's 4,600 child care centers and another for the 13,200 family and group homes, which accommodate fewer children.

In the initial phase, child care centers would be ranked for quality based on the training of staffers in early childhood education. Other areas that would be assessed include policies and procedures for ratio of children to staff and promotion of parent and community involvement. Eventually, centers would be able to earn up to five stars based on the number of points each accrues in the areas outlined to evaluate service quality.

Numerous studies, including those by the National Center for Early Learning and Development, have shown that most child care settings lack a certain level of quality.

Because research has shown that by age 3 a child's brain is twice as active as an adult's, experts say it is paramount that preschoolers are placed in high-quality settings.

"While the brain learns throughout life, there is a special advantage in the first decade when we have a window of opportunity," said Harry Chugani, chief of pediatrics and neurology at Children's Hospital of Michigan.

"We really need to start to very, very young to take full advantage of when your brain learns the best."

Currently, 16 states have some form of quality-rating system for child care centers. But Michigan works only to ensure child care facilities are providing a safe environment.

And that's not enough, said Keith Myers of the Michigan Association for the Education of Young Children, which drafted the proposal.

Michigan needs to give parents more tools to make child care better, he said.

"We know parents want the best program they can get for their children," Myers said.

"You can get a list of day care centers in your neighborhood, but they can't tell me how good they are. This gives it another piece in that process."

The proposal has been endorsed by the Children's Bureau, which is made up of the directors of Michigan's departments of labor, education, human services and community health.

Human Services Director Marianne Udow, vice chairwoman of the investment corporation, supports a rating system.

"Research on the brain shows 85 percent of children's brains develop by age 3, and 70 percent of all Michigan children spend some time in day care," Udow said. "So they are in those crucial years when the brain is developing at this incredibly fast rate. It's important they get quality care."

But whether the Human Services Department can find the funding for more licensing consultants is unknown, given the state's budget situation. Michigan's child care consultants have been strapped by low staffing for years.

Many child care providers say a quality-rating system would be a good idea, as long as it is based on a fair system.

"From a parent standpoint, you want a quality setting for your child," said Robin Bielby of Pathways Learning Center in Novi. "Aside from word of mouth or referral from neighbors or friends ... you really don't know much. This would give them a start."

However, Bielby thinks parents will still need to go to the facilities, meet with the staff, observe the children in the environment and go with their gut feeling.

"If children are happy and engaged in activities, no amount of stars is going to make up for that," she said.

Rosemary Alberty, of Rosey's Romper Room in Canton Township, thinks a rating system might foster more competition among some day care centers, forcing them to provide better service.

"I give 100 percent of myself," Alberty said. "I believe (in) doing more than what your license says you should do. I want to see these kids grow up and have great lives and feel safe and secure and loved. And I hope at this early stage we are providing all these things."

There are two functions for child care, said Larry Schweinhart, president of the High Scope Foundation, an Ypsilanti-based research organization with a focus on early childhood education. One is for a child to have a place to stay.

"That's the standard we tend to use for child care too often," Schweinhart said.

The other, which often goes neglected, is to provide an environment that will prepare children for formal schooling and for life, he said.

"It behooves us as a society to pay a lot more attention to the quality of settings than we have," Schweinhart said. "The quality of early childhood settings ought to surpass K-12 education because it's an important period of life. But it lags behind."

When Christine Lammers looked for child care for her 2-year-old son, she was referred by several family members to Rosey's Romper Room. But Lammers was nervous about going with the first place recommended to her, so she looked into five other facilities. She eventually put her son in Rosey's and also plans to enroll her other child, who will be born next month.

It would have been nice to have a rating system when she was doing all of her research with her firstborn, she said.

"It's very nerve-racking to search for a day care," Lammers said.

"It's so hard to picture leaving your child with someone you don't know. A rating system would give you another tool to use when you are trying to make that decision."

#### Tips for parents

Here are ways to find quality child care centers.

- Start early. No matter where you are looking, finding quality child care takes time.
- Find local experts who can help with referrals.

The Michigan Child Care Coordinating Council is a good start. In Detroit/Wayne County, the number is (313) 259-4411. In Oakland County, call (248) 738-6230. In Macomb/St. Clair counties, call (586) 469-6993. In Livingston County, call (517) 548-9112.

- Look at online state license reports, which include any violations.
- Visit, look and ask questions. Look at the children. Do they look happy? Engaged? Is the

staff attentive? Some good questions to ask: What is the education level of the staff? What is the ratio of children to staff? How much staff turnover is there? How many children are in groups?

- Stay involved and informed. Meet regularly with staff and volunteers at the center. Stay abreast of what is being done in the community to enhance quality child care and find out whether your child's center is participating.

*Source: Detroit News research*

*You can reach Kim Kozlowski at (313) 222-2024 or [kkozlowski@detnews.com](mailto:kkozlowski@detnews.com).*

# Group proposes system for rating day care center

*11/6/2005, 4:24 p.m. ET*

*The Associated Press*

LANSING, Mich. (AP) — A group of childhood educators and professionals has drafted a proposal that would create a rating system for child care centers in Michigan.

The proposal awaits approval by the public/private Early Childhood Investment Corp. created by Gov. Jennifer Granholm earlier this year.

Drafted by the Michigan Association for the Education of Young Children, the system is expected to be used under a pilot program in five to seven communities within the next year. "We know parents want the best program they can get for their children," Keith Myers of the association told The Detroit News for a Sunday story. "You can get a list of day care centers in your neighborhood, but they can't tell me how good they are. This gives it another piece in that process."

The system would use a system of stars and be administered by the investment corporation. Proponents say it would give parents a decision-making tool while encouraging child care centers to improve services.

The proposal has been endorsed by the Children's Bureau, made up of the directors of the state departments of labor, education, human services and community health.

"Research on the brain shows 85 percent of children's brains develop by age 3 — and 70 percent of all Michigan children spend some time in day care," said Human Services Director Marianne Udow, who also vice chairs the investment corporation. "So they are in those crucial years when the brain is developing at this incredibly fast rate. It's important they get quality care."

Currently, 16 states have some form of rating system for child care centers. Michigan has 18,000 child care centers and licensed home providers and nearly 500,000 children who live in homes where both parents work.

Implementing a rating system in the state would require at least \$17 million over four years to fund 180 additional child care licensing consultants.

The state's current 60 child care consultants who oversee licensing processes would gather information for the rating system.

Initially, centers would be ranked on the training of staffers in early childhood education. Other assessment areas would include ratio of children to staff and parent and community involvement.

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Information from: The Detroit News, <http://www.detnews.com>

# Day Care Ratings System Proposed

Brian Nemitz

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LANSING, Mich. (AP) - A group of childhood educators and professionals has drafted a proposal that would create a rating system for child care centers in Michigan.

The proposal awaits approval by the public/private Early Childhood Investment Corporation that was created by Governor Jennifer Granholm earlier this year.

The system - using a system of stars - is expected to be piloted in five to seven communities within the next year.

Proponents say it would give parents a decision-making tool while encouraging child care centers to improve services.

Web Editor: Brian Nemitz, 6pm Producer

# Welfare reform suggestions aimed at self-sufficiency

11/3/2005, 5:16 p.m. ET

By TIM MARTIN **The Associated Press**

LANSING, Mich. (AP) — A state agency is suggesting welfare reforms it says would improve the chances for Michigan's poorest families to become self-sufficient.

The Department of Human Services also said in a report to a legislative work group Thursday that the changes could help reduce the state's welfare caseload, which in September had 211,402 recipients on cash assistance, down slightly from the 2004 monthly average of 211,569.

The state spends nearly \$395 million annually on cash assistance to low-income families.

The proposed changes target a Michigan program called "Work First" that seeks to find jobs for welfare recipients. About half of the people who now go through the program return to the welfare rolls within a year.

"Although we have been able to help many families connect with the work force, those connections are too often temporary with wages insufficient to move the families from poverty," a DHS report said.

"Many are working at jobs with wages and hours that are not sufficient to close their cash assistance cases. Whether working or not, they often have low skill levels and poor work histories."

House Republicans and the Senate also are offering welfare reform plans, said Rep. Jerry Kooiman, a Grand Rapids Republican among the leaders of the welfare work group. The panel is reviewing who gets assistance and what changes could be made in the system.

The House Republican plan emphasizes giving welfare recipients more job skills training and education, Kooiman said, in exchange for more accountability.

"I am hopeful we can come up with a plan that looks at additional benefits as well as responsibilities," Kooiman said.

The plans seek to reduce the number of welfare recipients, particularly those who have been on welfare for at least four years.

Low education and literacy levels are among the biggest barriers to welfare recipients getting and keeping jobs. But the current program limits educational and training opportunities, the DHS report said.

Physical health, mental health and substance abuse problems also contribute to problems welfare recipients have holding a job, as does a lack of reliable transportation.

The DHS report suggests changes that include developing a specific self-sufficiency plan for each family in the program that would replace Work First. The plan would outline services to be provided — such as remedial education and skills training — and the family's responsibilities for receiving them.

Sanctions for failing to comply with the requirements, in some cases, would be broadened or toughened.



Earlier this year, GOP House members wanted to add provisions to the budget that would have stopped welfare payments to recipients after four years while increasing the amount of money people can earn while continuing to receive aid.

The proposed changes didn't make it into the final budget bill adopted this fall.

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On the Net:

Michigan Department of Human Services: <http://www.michigan.gov/dhs>

Michigan Legislature: <http://www.legislature.mi.gov>

# Girl, 11, locked up after bully incidents reported

Saturday, November 5, 2005

BY AMALIE NASH

Ann Arbor News Staff Reporter

An 11 - year - old Pittsfield Township girl convicted of suffocating her 19 - month - old cousin in Ohio over the summer now stands accused of attacking two local girls in separate incidents last month, authorities said.

The girl, who was found delinquent in September in the suffocation death, was scheduled to be sentenced in Ohio Thursday on a felony conviction of child endangerment. But the sentencing was delayed to give a judge more time to examine a psychologist's report and for the girl to face the new charges in Washtenaw County Juvenile Court.

The girl, who is not being named because she is a juvenile, remained free in the Ohio case when the new Washtenaw County cases occurred. Authorities said the 11-year-old girl admitted suffocating her 19-month-old cousin, Destiny Hood, after they and other children were left with a babysitter at a relative's home in Marion, Ohio, on July 31. The girl said she was upset at the younger child's crying. No adults were present in the home at the time.

According to an Associated Press report, a court-ordered psychologist testified Thursday at the girl's planned sentencing hearing in Ohio that she has a severe personality disorder. The psychologist said she should receive years of intense therapy in an inpatient setting and should not be around any small or vulnerable children.

In the local cases, court documents said the girl engaged in ongoing bullying in the neighborhood of the Arbor Meadows mobile home park in Pittsfield Township, where she was living with her mother and grandmother.

The first of two reported attacks on neighborhood girls occurred Oct. 12, when she was accused of striking a 10-year-old girl with a bamboo stick. Pittsfield Detective Lt. Steve Heller said two girls were playing when they were approached by the girl, and they said they weren't supposed to play with her.

The girl then pulled an 18-inch bamboo stick from her pocket and smacked one of the girls while calling them names, Heller said. The incident was reported the following day, and police investigated the attack but did not arrest the girl at that time.

By Oct. 14, police were again called to the neighborhood after the same two girls said the suspect assaulted them. They said she stepped on one girl's foot and pushed her until her ankle twisted, then knocked the other girl to the ground and kicked her, Heller said. "It appeared she retaliated because of the first report, so we locked her up that day," Heller said.

The girl has been held at the Juvenile Detention Center since that time, after a referee ruled that the level of supervision in her home was inadequate to prevent her from engaging in acts of violence in the community, court records show. The records also indicate that she was receiving ongoing counseling at that time.

The girl was charged with felonious assault in the reported bamboo stick attack, and charges have not yet been filed in the assaults two days later.

Ann Arbor attorney Debra Keehn, who was appointed to represent the girl in the Wash- tenaw County case, said she believes the girl will be acquitted in that case.

"She's a good kid who has been misunderstood," Keehn said Friday. "We will hope to prevail at her jury trial."

Keehn declined to comment further, saying she could not go into detail regarding pending litigation.

In the Ohio case, the girl could be placed on probation or ordered into youth detention. No new sentencing date was set.

After Thursday's hearing, the girl was returned to juvenile detention in Washtenaw County and has a pre-trial hearing Nov. 22 on the felonious assault charge. A jury trial was scheduled for Dec. 5.

The Associated Press contributed to this report. Amalie Nash can be reached at [anash@annarbornnews.com](mailto:anash@annarbornnews.com) or (734) 994-6832.

# Two youths face charges as adults in local 'hobo' holdups

Monday, November 7, 2005

By Tim Younkman  
BAY CITY TIMES

Two youths have been charged as adults with numerous felonies in the "hobo bandit" holdups of several Bay County businesses in recent weeks.

Nicholas T. Ricker, 16, and Robert Campbell, who turned 17 today, are both charged with conspiracy, armed robbery and a battery of gun charges in connection with the October holdups of the 7-Eleven store on West Side Saginaw Road, the Marathon gas station on North Henry Street and attempted holdup of the Admiral station on South Euclid Avenue at Jane Street. The suspects were called the hobo bandits because the robber used a Halloween mask depicting a hobo with a cigar in his mouth. One of the youths would enter the station with a gun and the other would drive the getaway car.

Bay County Prosecutor Joseph K. Sheeran sought charges against the pair as adults because of the seriousness of the crimes. Ricker continues to be held in the Bay County Juvenile Home but Campbell can be incarcerated in the Bay County Jail since he has turned 17.

Both demanded examination at their arraignment before District Judge Scott J. Newcombe on Friday afternoon. Court records show the two will face a hearing on the evidence against them on Nov. 16 by District Judge Timothy Kelly.

Newcombe ordered both held in custody in lieu of \$50,000 bond each.

If convicted, they face a maximum penalty of life in prison.

A preliminary examination for Meleny A. Herbert, 26, of 300 S. Mountain St. will be held Nov. 10. She was released on \$5,000 bond pending the hearing on a charge she was an accessory after the fact in the attempted holdup of the Admiral station on Oct. 30.

She is accused of hiding the handgun used by one of the robbers and helping him get away from police shortly after the holdup attempt. She indicated that Ricker is a friend of a relative and that is why he came to her house, located a short distance from the robbery.

If convicted she faces a maximum penalty of five years in prison.

# Woman jailed after beating man with wooden leg

Kelly Nankervis, Midland Daily News

11/06/2005

An argument that began over two broken teeth and a wooden prosthetic leg has ended with a sentencing that's just shy of two months in jail.

Tammy Gayle Johnson, 46, Sanford, recently was sentenced for assault with a weapon in connection with striking a Midland man with one of his prosthetic legs at the man's Grove Street home. Reports on the incident were listed on courttv.com, and read on a radio station in Washington, D.C.

Johnson was sentenced by Midland County Circuit Court Judge Paul J. Clulo to serve 60 days in jail with credit for three days, pay \$600 costs and spend two years on probation. She also is to pay an unspecified amount of restitution and not use or possess drugs or alcohol.

The assault occurred on Aug. 3, and according to a transcript of a plea session, began with an argument over two of Johnson's teeth that she said were broken in 2002 by the man she beat.

Johnson said she told the man he should pay her for the teeth, which she said he broke out with the wooden prosthetic leg, and he denied owing her any money. They began to fight, and Johnson used the leg to hit the man on his head.

Police were called by a citizen who saw the man walking on Grove Street while he was bleeding from a head wound. At the time, he was wearing a different prosthetic leg.

Johnson also was charged with larceny because police could not find the wooden leg at first. The larceny charge was dropped.

# **Man shoves wife out of moving pickup, say police**

Monday, November 07, 2005

THE SAGINAW NEWS

MIDLAND -- Prosecutors today were to mull charges against a 51-year-old Sanford man accused of shoving his wife out of their moving pickup Friday.

The 41-year-old woman said she and her husband argued as they made their way home from Bay City, said Midland Police Capt. John Oswald.

The couple was traveling on U.S. 10 between Waldo and Bay City Road about 12:30 a.m. when the dispute escalated and the man pushed his wife out of the truck, police claim.

The woman walked to nearby Stratford Village apartments, where she found help from a resident who called 911, Oswald said. A passer-by on the highway also had called 911 after catching a glimpse of the woman as she walked along the roadway.

Doctors at MidMichigan Medical Center-Midland treated the woman for injuries that were not life-threatening, the captain said.

Editorial

## **Changing Course (Perhaps) on Housing**

The New York Times

Published: November 5, 2005

Public outrage over President Bush's mishandling of the Katrina disaster has forced the administration to back away - if only temporarily - from a deeply wrongheaded policy on low-income housing. In New Orleans this week, Housing and Urban Development Secretary Alphonso Jackson announced with great fanfare that the government would tear down some of the most unlivable high-density public housing in the country and replace it with model lower-density housing, which will probably serve mixed-income residents.

That sounds a lot like Hope VI, a valuable public housing program, created in the 1990's, that the Bush administration has attacked relentlessly. It has tried to eliminate the program's budget for three straight years. If the recent announcement represents a policy shift and not just a public relations tactic, the change would be welcome.

Hope VI has furnished desperately needed money for communities that have seen their housing blighted by the disastrous high-rise public projects that the nation mistakenly embraced in the 1940's and 50's. By concentrating poverty - often in places without jobs or decent schools - these developments eventually killed entire neighborhoods and socially isolated the families who lived in them.

Congress has thus far prevented the Bush administration from killing Hope VI, but the program has been preserved at a reduced financing level that falls far short of the national need. Perhaps Mr. Bush will now realize that there is a good deal more work to be done - all over the country - before the program runs its course. Meanwhile, in New Orleans, community leaders will need to make sure that some portion of the planned new housing is actually affordable for the poor people who will be displaced. Those who won't be allowed to move back should get vouchers for decent housing elsewhere.

# **Conference to help seniors stay in homes Aging in Place to aid in grasping of issues**

Sunday, November 6, 2005

BY MARJORIE KAUTH-KARJALA  
Ann Arbor News Staff Reporter

A weekly interview on a topic in The News, this week with Justine Bykowski, housing counseling coordinator for the Housing Bureau for Seniors - University of Michigan Health Systems.

Q. The Housing Bureau is convening the first annual Aging in Place conference in Washtenaw County on Tuesday this week. Can you tell me what this conference will include?

A. People tell us all the time that they want to stay in their homes for as long as possible and often times they're unfamiliar with what's going to make that happen - what's going to make that realistic. ... If they need to remodel - they don't know what's involved with that and they have misconceptions and they often lack information. ... There will be very specific topics to help people understand the choices they have in relation to housing, finances and long-term care, presentations on building or remodeling for better living, smart home technology, home adaptations and assistive devices to maintain independence.

Q. Why do you see a need to have a conference like this?

A. When people are anticipating retirement, between 55 and 65, they're caught up in a lot of things that really aren't necessarily going to address the rest of their life. ... We hear from adult children about their parents. ... They both have their own needs in relation to planning and looking ahead. ... They look at the market place. The market place is confusing and often times there's some sticker shock. ... We feel it's important for people to plan ahead and even more important today because of the rising cost of health care and the reduction of societal supports.

Q. When do you think people should start thinking about housing issues and age?



A. For everyone, that's going to be different. Maybe there's no right time for everyone. Usually what prompts people to think about changing their long-term residence, if they're living in a single-family residence ... (is) once the work around the house - maintaining it - becomes too difficult. Another time that people start to re-evaluate their housing is some type of trigger event; illness, disability ... a spouse may die, a change in someone's finances. These are the sorts of things that often push people to re-evaluate their housing.

It's always better to plan ahead. ... We talk about the pushes and the pulls. (People who say) "I always wanted to live in a warmer climate. I always wanted to live near my children. ... We're downsizing." There are people who are thinking about their values and their preferences, their lifestyle. Those are the pulls - that's ideal if people can anticipate that. ... But whether someone is responding to a push or a pull will differ with people.

Q. What are "smart home technologies?"

A. You may be able to do something with a click of your finger, set up your security system, turn on your coffee pot, your shades will go up and down. Smart home technologies make life easier. The purpose is to create ease and safety. ... It's not whiz-bang. It's not bells and whistles. It's really to have a safer environment and a more convenient environment. ... The idea is to have an environment where the demands are not greater than what you can sustain.

It's so important when people are planning new construction, if they are going to be building a new home, that they're thinking of the design of the new home so that they can live there for as long as they want to live there. ... If they can build in what's called ... universal design features at an early point. ... The bathroom and the kitchen are the places you need the universal design features the most. Sometimes (universal design) is not carried through. You may have a doorway in a bathroom that a wheelchair can go through but if the toilet is enclosed in some way and the person cannot get access to it. ... There are builders that are called certified aging in place specialists. These are people ... that understand how to carry through these universal design concepts so you don't have a wheelchair that can go through a door and then get to a toilet you can't have access to.

The public has to demand it. If the public demands it, the builders will do it, they'll follow. ... The demand has to come from the consumer.

Q. The number of people 65 years or older in Washtenaw County is expected to almost triple by 2030. Is there anything we should do now to prepare for that increase?

A. One of the things that is going on now is the Blueprint for Aging. This is where the agencies are coming together, looking at some very important issues with regards to aging, family care-giving, transportation, health care, long-term care, technology - how that plays in planning how services can be coordinated and integrated to not only serve the people who are in Ann Arbor and Ypsilanti ... but that people in the rural areas can be served also. ... This effort is going on in Washtenaw County right now. The lead agency

is Catholic Social Services. ... All the (social service agencies for aging) are involved. It's very broadbased.

Marjorie Kauth-Karjala

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# Albion officer pleads guilty on two counts

Saturday, November 05, 2005

By Pat Rombyer  
prombyer@citpat.com -- 768-4924

The Albion Public Safety officer accused of taking nude photographs of an underage girl and having child pornography on his home computer will be sentenced Dec. 19 in Calhoun County Circuit Court.

Kyle Chaney, 39, pleaded guilty Thursday to two felony charges, second-degree child abuse and using a computer to produce child sexually explicit material.

Chaney, a cross-trained firefighter and police officer, was a 14-year veteran of the department and named the 2005 Officer of the Year. He was fired in mid-September following a departmental investigation.

According to a Calhoun County Sheriff's report, a person whose name they withheld contacted the department and told deputies that Chaney had "provocative" photographs of the minor girl on his computer.

The names of those interviewed as part of the investigation were omitted from the released report to protect the identity of the minor girl.

Detective Guy Picketts interviewed the teenager, who said she was 15 years old when Chaney began taking pictures of her. She is now 16.

She told Picketts the photographs were taken in Chaney's bedroom, but no sexual activity occurred.

"She thought it was weird, but she felt safe with Chaney," Picketts' report stated. The girl said the photo sessions occurred about three times.

A former girlfriend of Chaney's told Picketts that Chaney was involved in promiscuous sexual activity and was involved with bi-sexual and gay people he met via the computer. When she saw the photographs of the minor girl last spring, they fought and their relationship ended.

Once the interviews were completed, sheriff's officers obtained a search warrant for Chaney's home. He was taken to the sheriff's department in Marshall for questioning.

Initially, Chaney denied having taken nude pictures of the teenager, but later admitted to it. He, too, denied that there was any sexual activity involved.

He was arrested at the conclusion of the interview. En route to jail, Chaney told the deputy that he was sorry for the "embarrassment to anyone in uniform."

Officers searched his work locker and found nothing of significance.

A search of the home turned up more nude pictures of the minor girl, as well other pornography, sex toys and adult video tapes.

Only one of the numerous commercial tapes appeared to be of underage teenagers.

Kalamazoo Gazette

November 6, 2005

## **Air pollution can hurt children**

Winter is not a friendly season for newborns and infants. Every winter we see an increase in the frequency of infant deaths.

Because people spend a lot of time indoors in winter, the quality of the air indoors can affect their health. Infants, young children and the elderly are a group shown to be more susceptible to pollutants. Some sources of indoor air pollution are combustion appliances that burn fuel for warmth, cooking or decorative purposes. Typical fuels are gas, both natural and liquefied petroleum, kerosene, coal, oil and wood.

With heating costs skyrocketing, many households may consider alternative sources of heating. We are asking everyone to be mindful of the risks posed by indoor air pollution. Take special precautions when operating fuel-burning unvented space heaters. Follow the manufacturer's directions, especially instructions on the proper fuel and keeping the heater properly adjusted. Finally, don't allow anyone to smoke anything around the baby.

Matt Baldwin-Wilson  
Healthy Babies-Healthy Start,  
Kalamazoo County  
Health and Community Services

Sunday, November 6, 2005

First Person

## **Now I know adoption isn't second best Once beyond the paperwork and peering questions, we found joy of parenthood in sons.**

By James B. Teela  
The Detroit News

Having children is something most newlyweds simply take for granted. But the truth is that many couples, young and old, suffer in silence with infertility.

For Kathy and I, grappling with our own infertility was a difficult and painful time in our lives. As the months slowly ticked by, until they quickly became years, it seemed as if everyone around us was getting pregnant and starting their families.

And while we were genuinely happy for our family and friends, I'd be lying if I didn't confess that we both felt just a tinge of envy with each new announcement.

Finally, after countless medical consultations, impersonal intrusions into the most private parts of our bodies and a variety of surgical procedures, we eventually resigned ourselves to the fact that conceiving our own children simply wasn't going to be in the cards. As we began to grieve our loss, we both struggled to accept the fact that we would likely never have a little boy with my eyes or a little girl with Kathy's dimple.

As the reality of our situation sank in, Kathy almost immediately began to warm to the idea of adoption. As she gently began to nudge me toward this alternative, I was slow to seriously consider the possibility. I simply had difficulty letting go of the hope that God might yet work a miracle in our lives.

Inside, I felt inadequate as a husband and was reluctant to admit that I would likely never have children of my own.

As God softened my heart, I eventually consented to explore adoption with a healthy dose of skepticism and a less than vigorous dose of enthusiasm. As we completed what seemed to be reams of paperwork and forms, I resented the fact that the various agencies needed to know so much about our personal lives. After all, those who could conceive their own children never had to "prove" they were qualified to be parents.

Within months of our application, we got a call from the agency, letting us know we had been selected for a newborn placement. Shortly after, we soon got the call to inform us that the baby we were so anxiously awaiting was born. But our hearts sank as the agency's director went on to explain that the birth mother had vacillated on her decision, deciding instead to parent the baby herself.

Oh, how our hearts were broken! How desperately we needed hope and assurance. And so God used this time of suffering and trial to build our faith, strengthen our character and draw us

nearer to Him. Little did we know that even as we grieved, another precious baby had already been conceived that would be placed in our home yet that year.

And so it was that with great fanfare and anticipation, Zachary arrived in our home just before Christmas. Now, nearly 11 years later, we are the grateful parents of not one, but two beautiful boys.

While Zach doesn't have my eyes, he does have Kathy's dimple and it is actually Joel who got Kathy's eyes! Their joyful presence in our home has permanently painted over all of the deep wounds of our infertility and failed first adoption.

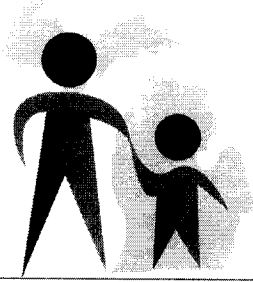
Having the unique perspective of adoptive parent has also helped Kathy and me better comprehend and appreciate the significance of our Christian faith. In fact, New Testament writers often likened God's heavenly grace and mercy in our own lives to that of an earthly adoptive father.

It was the apostle Paul who declared, "In love, he predestined us to be adopted as his sons through Jesus Christ in accordance with his pleasure and will."

Contemplating my boys' official adoption decrees, I am reminded that Zach and Joel, for all intents and purposes, are now considered our natural children, and are entitled to the same rights and privileges which they would have been entitled to had they been our natural heirs. The truth is the privilege is all ours!

As Kathy and I reflect on our family and our faith, we have come to realize and appreciate that God did in fact perform a miracle in our lives -- the miracle of adoption. Today, it is simply impossible to imagine anyone other than Zach and Joel in our lives. While I used to think that adoption was a second-best way to start a family, I now realize that it isn't second best at all -- only a different way to form a family.

*James B. Teela and his wife, Kathy, of Brighton, are the grateful adoptive parents of Zachary (10) and Joel (6). November is National Adoption Month, celebrated throughout the United States in an effort to raise our awareness of the 119,000 children in foster care nationwide waiting for permanent families. You can reach Jim at [james.teela@juno.com](mailto:james.teela@juno.com).*



# **MICHIGAN ADOPTION DAY**

Giving thanks for families

Tuesday, November 22, 2005

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FOR IMMEDIATE RELEASE

**Contact:** Maureen Sorbet or Stepheni Schlinker, Department of Human Services 517-373-7394  
Marcia McBrien, Michigan Supreme Court Office of Public Information  
313-972-3219

## **Third 'Michigan Adoption Day' to be held Nov. 22 State celebrates adoptive families, observes adoption month**

LANSING November 4, 2005 – This Thanksgiving, families throughout Michigan will have a special reason to celebrate: permanent homes for adopted children.

Michigan Adoption Day, now in its third year, takes place each year on the Tuesday before Thanksgiving; this year's date is November 22. The event is sponsored by the Michigan Department of Human Services (DHS) and the Michigan Supreme Court. Governor Jennifer M. Granholm has proclaimed that November is Adoption Month in Michigan while the Michigan Supreme Court has issued a resolution naming Nov. 22 as Michigan Adoption Day.

"Every child needs and deserves a loving family," said Governor Jennifer M. Granholm. "Michigan's Adoption Day is our opportunity to celebrate the lifetime commitment being made by these families and their children. It is also important to emphasize the ongoing need for adoptive families to make other foster children's dreams come true."

Local courts, DHS offices and private adoption agencies from Chippewa to Cass counties are collaborating on the event that will include finalizing adoptions and parties for adoptive families. Over 30 counties are expected to participate. Some counties will hold informational open houses with speakers and information about the adoption process.

"Adoptions are one of the few occasions when people are happy to come to court and these are happy events for a very good reason," said Chief Justice Clifford W. Taylor. "Children need the stability, love and support of a permanent family. My fellow justices and I hope Michigan Adoption Day will inspire people to consider becoming adoptive parents."

A number of other states observe National Adoption Day on Saturday, November 19, one of the dates designated for the festivities. Although many states hold their own Adoption Day activities, Michigan's 2003 and 2004 events were said, by national organizers, to be the largest in the country.

“Adoption Day is one of the most joyous days of the year with children and adults coming together to celebrate the choice of love and to become part of a forever family. The joy of the children and families is so contagious,” said DHS director Marianne Udow. “This is a great time for other families to consider adoption and to contact our department to start the process.”

While DHS and state courts strive to reunite children with their birth parents, doing so is not always in the child’s best interest. Courts may terminate parental rights in cases of child abuse and neglect. There are more than 4,000 children with parental rights terminated who are either waiting for their adoption to be finalized or waiting for a family. Most of these children are among the hardest to place kids who are older and members of minorities or sibling groups. Adoption for older youths in the foster care system is a priority to insure that they do not leave the foster care system without a connection to a supportive adult.

Anyone interested in adopting a child may contact MARE at (800) 589-6273 or on the Internet at [www.mare.org](http://www.mare.org)

For more information about Michigan Adoption Day, visit these Web sites:

Michigan Supreme Court/Michigan Adoption Day:  
<http://courts.michigan.gov/supremecourt/Press/MichiganAdoptionDayIndex.htm>

Michigan Department of Human Services: [www.michigan.gov/dhs](http://www.michigan.gov/dhs)

National Adoption Day: <http://www.nationaladoptionday.org/2005/index.asp>



Published November 6, 2005

## Powwow shares ancestral lore American Indians celebrate values at event held at LCC

By Kelly Hassett  
Lansing State Journal

Ten-year-old Rachel Kenney's fascination with American Indian culture leaps way beyond what she learns in the classroom.

She came out to see it in person Saturday's 13th Annual Great Lakes Anishnaabek Traditional Pow Wow at Lansing Community College, where many American Indians gathered to teach others about their culture.

"They're so interesting to read about, their clothes and how they hunted," the Lansing girl said as she and her mother, April Kenney, looked at necklaces and other crafts in LCC's Gannon Vocational Technical building gym.

"They celebrate with some of these."

Powwows are gatherings for celebrations, homecomings, or simply storytelling, said Eva Menefee, coordinator for the Great Lakes Pow Wow.

They are used to exchange information and strengthen relationships among relatives and friends and include dances and singing, she said.

"All the Native American tribes have stories of creation. Our oral traditions are very rich," Menefee said.

At one point Saturday, a long line of dancers entered the gym amid drumbeats and incense. Men and women wore different styles of regalia to match their different styles of dancing.

Mason resident Judy Pierzynowski wore traditional clothing and explained why she thought so many dancers wore sacred eagle feathers.

"Eagles are birds that are thought to fly so high that they can carry prayers," she said.

Vendors sold food, clothing and artwork as well, and organizers distributed packets of information explaining the meaning of different songs and dances.

April Kenney said she and her daughter are learning to appreciate the spirituality of American Indian culture - including the practice of using only what one needs and always giving back.

"There's something about that depth and knowledge of living in the elements and living peacefully," she said.

"I think that society today could learn a lot from the Native American culture."

Contact Kelly Hassett at 267-1301 or [khasett@lsj.com](mailto:khasett@lsj.com).

# Report: Authorities don't act on Detroit FEMA aid fraud evidence

*11/7/2005, 5:00 a.m. ET  
The Associated Press*

DETROIT (AP) — Authorities failed to act on evidence of widespread fraud in damage claims submitted by city residents after a September 2000 rainstorm, according to a newspaper investigation.

In all, 87,648 Detroit residents got \$168.5 million in damage reimbursement from the Federal Emergency Management Agency. That is 77 percent of the \$218.3 million paid out to 108,680 people in all of southeastern Michigan for damage sustained in the downpour and flooding Sept. 10-11, 2000.

The heaviest rains and most of the flooding were outside Detroit, authorities say.

The large number of Detroit claims led to a state police investigation. It found that fraud was the first of four reasons given for the large amount paid in Detroit, according to a report that the Detroit Free Press obtained through the Freedom of Information Act.

State police failed to share the information with federal authorities because they said they could not prove fraud, the newspaper said Monday.

"After interviewing citizens of Detroit who had flood damage and made application with FEMA, I was informed that several people were calling the 1-800 number to register for assistance but did not have flood damage," Lt. Walter Davis wrote in the report.

Davis wrote that Detroit's then-emergency services director, Glen Hendricks, told him that most of the Detroit claims were from people who did not have losses.

A FEMA spokeswoman said the agency relies on the honesty of people making claims in disasters.

"We trust disaster victims. We trust them to be honest," said Linda Sacia of the agency's regional office in Chicago. "We're there to help."

Four inches or more of rain fell Sept. 11 in parts of Wayne and Lenawee counties, the National Weather Service said. The previous day, parts of Oakland County got more than four inches of rain, The Oakland Press of Pontiac reported at the time.

Detroit Metropolitan Airport in Romulus in western Wayne County got 5.36 inches over the two days. By comparison, Detroit's east side got two inches.

On Oct. 17, President Clinton declared Wayne County a disaster area, making residents eligible for grants of up to \$14,400 for repairs and lost property. On Oct. 26, FEMA said Oakland County had been added to the disaster area.

The \$218.3 million that FEMA paid out far exceeded then-Gov. John Engler's estimate of \$7.25 million.

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Information from: Detroit Free Press, <http://www.freep.com>

Published November 6, 2005

[ From the Lansing State Journal ]

## **Donna Rich Kaplowitz: Poverty rising under Bush; will he really take action?**

I applaud President Bush for finally accepting responsibility for his government's leisurely response to Hurricane Katrina.

Bush has lavishly promised to rebuild New Orleans and even acknowledged that poverty in the U.S. "has its roots in a history of racial discrimination."

Again, bravo, Mr. Bush, for recognizing, at last, what most of us have known all along: Poverty and racial inequality in the U.S. have reached embarrassing, epidemic, inexcusable levels.

Unfortunately for Bush, a recent poll has shown a majority of Americans (56 percent) believe the steps the president has taken to help Katrina's victims have been mostly for political reasons, not out of true concern for the poor.

And it is hard to fault folks for being cynical these days.

Bush's necessary financial commitment to New Orleans only addresses the tip of the proverbial iceberg. Pilgrimages to the region for photo ops of a penitent president hardly placate a public who now believe the emperor wears no clothes.

After years of a declining poverty rate during the Clinton administration, poverty has persistently increased on W.'s "compassionate conservative" watch.

Today's numbers speak for themselves:

- The number of Americans below the poverty line fell 2.29 percent annually in the Clinton years, but has since gone up 4.33 percent annually in the Bush years.
- About 37 million U.S. citizens live in poverty, including one in five American children. More than 1 million Americans fell into poverty in the last year alone.
- 15.7 percent of the U.S. population doesn't have health insurance, including 8.3 million children.

Five million Americans lost health insurance between 2000 and 2003.

- The infant mortality rate in the U.S. has risen under W. for the first time since 1958.
- Thirty-five million Americans, including 13 million children, are hungry. Three million more people are hungry today than there were in 2003.

While the poor have gotten poorer under W., the rich have gotten richer. Congress passed tax cuts totaling \$1.7 trillion, padding the pockets of the top 3 percent of the income ladder.

Even in the wake of the largest national disaster in U.S. history, the administration was poised to plow ahead with up to \$70 billion in tax cuts - about half of it for people making more than \$1 million annually. To finance these tax cuts, the Bush administration is borrowing heavily, and cutting programs for low and moderate-income families.

If Bush were truly committed to reducing poverty in the United States, he could begin by halting his tax cuts for the wealthy, and ending programming cuts for the poor.

Bush's ill-conceived plan to pay for Katrina relief by cutting taxes and programs, and borrowing more money has led even some conservative lawmakers to balk at further burdening our descendants with growing debt. "We must not let Katrina break the bank for our children and grandchildren," said Rep. Mike Pence, R-Ind., in The New York Times in September.

Moreover, Katrina has provided W. with an open laboratory to implement his conservative ideology.

Bush initially set aside wage standards, abandoned environmental regulations, and has threatened public education with school voucher plans. These are hardly poor-friendly measures.

Not surprisingly, the administration signed its first no-bid contract to clean up New Orleans with none other than a subsidiary of Dick Cheney's infamous Halliburton.

Yes, it is hard not to be cynical.

Yet, Bush still has the opportunity to turn his precipitous descent around. Let Katrina's (and W's) legacy be a true war on poverty.

It is time to prioritize health care for our children over tax cuts for the rich.

What do you think? Donna Rich Kaplowitz lives in East Lansing and serves on the State Journal's Community Advisory Board. Write to her c/o Lansing State Journal, 120 E. Lenawee St., Lansing, MI 48919.

# **Social work bachelor's degree being offered**

Jackson Citizen Patriot

Sunday, November 06, 2005

A new one-night-a-week bachelor's degree in social work will be offered beginning in February at Spring Arbor University's downtown Jackson site, 113 W. Michigan Ave.

The degree is being offered through the school's adult studies program and is accredited by the Council on Social Work Education.

Graduates of the program transition smoothly into SAU's master's degree programs in social work, family studies and counseling, said Glenn Yamakawa, admission's specialist at SAU's downtown facility.

For more information, contact him at (800) 968-0523.

# Upcoming Committee Meetings

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Tuesday, November 8

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**House Health Policy Committee**

10:30a, 521HOB

**AGENDA:**

**HB 5398 FOSTER CERTIFICATE** (Green) Authorizes physician or certified nurse practitioner to complete the medical statement required for licensure or certification as foster parents. Amends Sec. 5, PA 166 of 1973 (CL 722.115) as amended by PA 133 of 2005. DCH has the lead on this bill. OCAL has concerns.

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Wednesday, November 9

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**House Energy & Technology**

9:00a, 519 HOB

**AGENDA:**

**SB 785 CHILD PROTECTION** (Bishop) Provides safeguards to prevent certain messages regarding tobacco, alcohol, pornography and gambling from reaching children via the Internet. Amends Secs. 1, 3 and 5 of PA 241 (Michigan's Children's Protection Registry Act) of 2004 (CL 752.1061, .1063 and .1065). DLEG has lead on this bill.

**House Judiciary Committee**

10:30a, 308 HOB

**AGENDA:**

**HB 4721 SEX OFFENDER NOTIFICATION** (Vander Veen) Requires notification by e-mail to certain individuals when a registered sex offender relocates into a zip code. Amends Sec. 10, PA 295 (Sex Offenders Registration Act) of 1994 (CL 28.730) as amended by PA 240 of 2004. MSP is lead on this bill. DHS is just following.

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Thursday, November 10

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IN BRIEF

Ann Arbor News

Saturday, November 5, 2005

## **United Way at 66% of \$7.8 million goal**

With two weeks to go in the public phase of the 2005 Washtenaw United Way campaign, volunteer leaders are reporting pledges totaling \$5.16 million, or 66 percent of the \$7.8 million campaign goal.

Mike Anderson, campaign co-chairman from UAW Local 735, said the number of campaigns reporting increases is encouraging.

Companies with campaigns that exceeded last year's totals include Beacon Investment Company, up 32 percent; Michigan Aerospace Company, up 64 percent; Butzel Long law firm, up 68 percent; Crippen, Urquhart, and Weber law firm, up 7 percent; and Hooper Hathaway Price Beuche & Wallace law firm, up 13 percent.

Mike Lypka, campaign co-chairman from General Motors Powertrain's Ypsilanti Plant, said company campaign coordinators are being asked to wrap up their employee campaigns in the next several days.

The public phase of the 2005 campaign will end Nov. 18. The announcement of the final tally will be made Jan. 16 during a celebration at the Morris Lawrence Building at Washtenaw Community College.

# Local charities face donation difficulties

Sunday, November 06, 2005

Articles by Pat Rombyer  
prombyer@citpat.com -- 768-4924

When Hurricane Katrina slammed into the Gulf Coast, leaving total devastation in its wake, Jackson responded.

Hundreds of area residents headed south to deliver supplies and help rebuild while many more dug deeply into their pockets. From the Salvation Army and the South Central Chapter of the American Red Cross alone, some \$382,000 found its way from Jackson to the hurricane-ravaged area.

Add on-line donations, and scores of fund-raising efforts by school children, churches and service groups and the total gets much higher.

But now that charity directors have shifted their focus back home, they're concerned donors may not have much left. Already, the United Way campaign is having a harder time reaching its yearly goal. Other charities offer similar reports.

"It's going to be a tough winter for Jackson," said Ken Toll, executive director at the United Way of Jackson, where the fall fund-raising campaign is under way. "It's donor fatigue. It's really disheartening. There's unprecedented need in our community."

Erin Foster, Jackson County's chief deputy clerk, has organized pledges for years in her department.

"Usually, we get a great percentage of donors, but this year only five or six people gave," she said.

Pledges fell from \$1,500 last year to \$800 this year, she said.

"People can't reach any deeper into their pockets," Foster said. "I ask them to give where they live. We have enough tragedies in our own backyard."

The United Way campaign is about a third of its way to its \$3.3 million goal and overall is running slightly ahead of last year's fund-raising pace. However, it is asking the community for a 10 percent increase over the previous year.

By Friday, pledges totaled \$1.75 million, compared to last year about this time, when totals were at \$1.67 million.

## **Ahead of last year**

"We're about 7 percent ahead of last year, but behind where we need to be," said Jim Brian, marketing and communications director at United Way.

Toll said chances are that government grants, too, will decline as resources are directed to the South.

At the Salvation Army, Capt. George Gibbons recognizes that Katrina gripped the hearts of many.

"Katrina victims have no shelter, gas, food or water," Gibbons said.

But he also said, "We have the same people here in Jackson."

The heads of charities and human service organizations say the Christmas season, when many blanket the community with mailed requests for donations, will be the real litmus test.

The bulk of the Salvation Army's operating budget is collected through the annual kettle drive and from individual donations during the holidays.

Gibbons fears that the sluggish economy and the number of global disasters that have tugged at people's heart strings and wallets, portend a dismal response this year.

He saw checks totaling some \$37,600 flow through his agency from Jackson area residents concerned about the Katrina victims.

The South Central Chapter of the American Red Cross passed along \$345,000.

"That's more than we received for 9-11, it's truly amazing," Executive Director Karen Randall said. "So many put their lives on hold to go down there to help others."

But donations to the local chapter are down. "Everything's coming in for Katrina, Rita and Wilma," Randall said.

She was unable to say how much contributions are down, but she did say the agency is operating in the red.

To boost its coffers, the Red Cross is organizing a couple of new fund-raisers for next year.

"We're not broke, we have cash flow and our reserves," Randall said. "We're getting ready for our direct mail (solicitation) and if no more hurricanes hit, we should be OK."

She said clients won't suffer because of the drop in donations, but "It's important that people remember, we can't keep our mission programs and services going in Jackson without local support."

#### **Small charities hurt**

Smaller charities, too, are feeling the pinch.

"It scares me," said Vicky Schultz, executive director of Catholic Charities in Jackson. "I'm hoping everybody's pockets aren't dry."

She has passed along thousands of dollars through the Lansing Diocese for redistribution to the Gulf Coast. Many were new donors to the agency.

Carrie Good, executive director at the John George Home for aged men, said a mail solicitation reached donors just as havoc from Katrina was hitting the news.

The home hoped to realize about \$45,000; instead they received \$14,000.

#### **Frustrating times**

Raising money at the Community Respite Center, which provides respite and day care for disabled adults and children, has been frustrating for development director Tonya Horan.

"For the last three weeks -- I've heard more than I can stomach -- 'We gave our money to Katrina,'" Horan said. "This is hurting so many organizations that care for people. Obviously people are suffering, but charity begins at home."

At the Interfaith Shelter, an annual appeal brought in \$21,277, which compares favorably with a similar appeal three years ago.

However, Executive Director Keith Krusky said the group boosted its mailing by another 25 percent compared to that time.

"I don't know, do you blame that on Katrina?," he said. "I'm not upset, the urgency of Katrina tears at peoples' heartstrings."

# Volunteers make warm clothing for Ministry with Community

Saturday, November 5, 2005

pdavis@kalamazoogazette.com 388-8583

Pat Pojeta stitched her ``granny squares" into a yellow woolen scarf -- one of about a dozen scarves she created -- and thought about the homeless strangers they will warm this winter. ``Maybe in some small way, this will bring happiness to someone who needs it," said Pojeta, surrounded by a circle of women who mobilized their knitting needles and crotchet hooks for charity Friday.

She and the other women had talked about what it would be like to see someone wearing one of their scarves or hats on the street.

A Kalamazoo Valley Community College knitting group called ``Knit One ... Purl Two-gether" organized this first annual Stitches for Charity, held at the Texas Township Campus from noon to 10 p.m.

Some of them women had spent a full 10 hours contributing to a rainbow of knitted scarves, mittens, and hats intended to warm, comfort, bring some handmade beauty into the lives of members of Ministry with Community, a day shelter for the homeless in Kalamazoo.

``We just feel we can give back to the community a little bit of the blessings we've been given," said Sue Visser, who organized Friday's event with Jennifer Snead.

Some 45 women knitted a few hours or several hours Friday, bringing creations they worked on for weeks and knitting some right there.

Just as there was an array of women, there was an array of knitting experience. Some women had been knitting for nearly 50 years, others for months.

Johnell Cuddebach-Weintraub said she took up knitting six months ago, and though it's relaxing, she doesn't just do it for the heck of it.

``If I'm knitting something, I like it to be for a purpose," she said, working on cranberry-colored knit scarf Friday evening.

In the end, Visser, said they collected a total of 364 items.

``We're just thrilled with the effort of this group," said Judy Markusse, executive director of Ministry with Community.

``Those beautiful homemade gifts will be wrapped up for part of our Christmas morning celebration."

# Fundraiser will help give abandoned 4-year-old a future

Saturday, November 05, 2005

By Theresa D. McClellan  
The Grand Rapids Press

GRAND RAPIDS -- He is 4 now and memories will fade.

But there are images the relatives of Jonathon Friar want him to keep. There is that summer trip with his mother and sister to Binder Park Zoo. Or the way his sister held him close like a mother hen and loved to play school with him.

Jonathon is the little boy who led police back to his home where his mother and sister were murdered April 23. He had been abducted and dumped across town at a vacant home where he huddled overnight on a porch, shoeless and coatless, during freezing temperatures.

Terrill Bird, the half-brother of Jonathon's father, faces a murder trial in January. Jonathon may have to take the stand to testify about what he saw the day 27-year-old Melissa Friar was stabbed to death and her 8-year-old daughter, Alana Friar, was found suffocated with a plastic bag over her head in their home at 227 Carrier St. NE.

Police believe Bird killed the females and spared his nephew before driving the child to an abandoned home on the Southeast Side.

Memories of the deaths may stay. But Jonathon's family wants to ensure he maintains memories of how he was surrounded by love. The slayings shocked the community, and the family was inundated with questions of how they were doing and how the community could help.

The answer comes Saturday when the family holds a benefit through auctions and donations. Supporters are raising money so his grandparents, Tom and Ruth Friar, can pay the adoption costs, ongoing care of Jonathon and fund his mother's wish of college.

Auction items include a hot tub, kayaks, golf packages, gift baskets, American Girl dolls and more.

"Obviously my parents didn't plan on paying for a double funeral or raising a grandson. We're relying so heavily on our faith right now that God will get us through," said Jonathon's aunt Nicole Klumpp.

Saturday's benefit is called "Jonathon's journey." They have not decided if the curly-haired youngster will be there. Klumpp wants the event to focus on the positive.

"You look at the community, everyone has been so loving and caring," Klumpp said. "This has touched a whole community. He is just a little boy who had his whole life taken away from him." The family takes solace in their faith, which tells them mother and daughter "are safe and happy in heaven."

"He talks about his mommy and sissy quite often and misses them so much," Klumpp said.

Because he has spent so much time with Grand Rapids Police, "He loves Detective Harrell Smith and he wants to be a police officer," Klumpp said.

In her letter requesting donations for the auction, Klumpp wrote, "as a community we can help Jonathon realize his dreams of becoming a police officer. And then, in turn, he can help our community."